

## DIA FILE REQUEST

Please fill out this information as fully as possible.

**TO:** The Keeper of Records  
Dept. of Industrial Accidents  
600 Washington St., 7<sup>th</sup> Floor  
Boston, MA 02111

Requesting Party: \_\_\_\_\_ Injured Worker/Employee

\_\_\_\_\_ Employee's Counsel: \_\_\_\_\_ Current or \_\_\_\_\_ Former

\_\_\_\_\_ Insurer's Counsel

\_\_\_\_\_ 3<sup>rd</sup> Party Representative: \_\_\_\_\_  
(Name of 3<sup>rd</sup> Party)

\_\_\_\_\_ Other: \_\_\_\_\_  
(Please Specify)

**PLEASE NOTE: If you are not listed in our records as a party to the case you wish to view and/or obtain copies of documents from, we will need a signed authorization from the Employee.**

---

Name of Requester: \_\_\_\_\_

Address of Requester: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

---

I Am Requesting:

- \_\_\_\_\_ Access to view the workers' compensation record(s)  
**(Please be advised that after viewing a file, it may not be possible to obtain file copies the same day)**
- \_\_\_\_\_ A copy of the entire file(s)
- \_\_\_\_\_ A copy of the Lump Sum Settlement
- \_\_\_\_\_ A copy of a specific form/document, i.e., Employer's First Report of Injury ,  
Employee's Claim, Agreement to Pay Compensation, Conference Order, Hearing  
Decision, etc.

\_\_\_\_\_  
(Specify Form/Document)

**(OVER)**

**DIA FILE REQUEST – p. 2**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Soc. Sec. # (if known): \_\_\_\_\_

Date(s) of Injury: \_\_\_\_\_

DIA #(s) (if known): \_\_\_\_\_

Employer(s): \_\_\_\_\_

Workers' Comp. Insurer: \_\_\_\_\_

Please add any additional information you may have that will help us in locating the file.

[illegible]